PONTYPOOL RURAL DISTRICT COUNCIL.

MEDICAL OFFICER OF HEALTH'S REPORT 1953.

To: The Chairman and Members of the
Pontypool Rural District Council.

Mr.Chairman,Madam, Gentlemen,

I have the honour to submit the Annual Report on the state of the public health in Pontypool Rural District during 1953.

There are seven parishes within Pontypool Rural District with a total area of 34,147 acres. It is predominantly agricultural with increasing urbanisation at Croesyceiliog in the parish of Llanfrechfa Lower, this area being within the new town development of Cwmbran. There is a large Royal Ordnance Factory at Glascoed which employs a large number of operatives, the majority of whom are drawn from surrounding urban areas.

Health may be defined as a " state of complete physical,mental and social well-being" and not merely the absence of disease. As we have still no acc urate means of measuring health in the positive sense, our main index for its assessment is based on records of sickness and death. From vital statistics included later in this report and from personal observations, it is gratifying to note that the health of the population of Pontypool Rural District continues, on the whole, to be very satisfactory.

A crude death rate of 9.78 per 1,000 population is the lowest ever recorded in the district. When comparing the death rate of one place with that of another it is necessary,first of all, to remove the influence of variable factors, such as differences in the age and sex consitution of the population. To do this the Registrar General provides a comparability factor which when multiplied with the crude death rate provides an adjusted death rate namely, 8.5 for Pontypool Rural District (an even lower figure). This rate is significantly lower than the death rate prevailing in the County of Monmouthshire and in England and Wales as a whole. Coupled with this fall in death rate there has been an increase on the expectation of life and together these indicate that the inhabitants of Pontypool Rural District are healthier and are living longer.

It is more than probable that continued improvements in housing and social conditions together with a comparatively high percentage of full employment have played a considerable part in producing such a low death rate. The majority of deaths are attributed to Cardio-vascular diseases, as are the majority throughout the Country, and in this group Coronary Thrombosis took the heaviest toll. A rather disquieting feature is the increase that has occurred of recent years in the number of deaths attributable to Cancer which accounts for one quarter of all deaths in Pontypool Rural District in 1953. In the past Cancer occupied a lowly place in the list of principal killing diseases, but it now occupies second place. Of the 14 Cancer deaths, 3 were due to Cancer of the Lung. It is probable that an ageing population and improved methods of diagnosis have been partially responsible for the rise in mortality from Cancer. But, if lives are to be saved, and if the means of prevention is dependent on knowledge of causation, then further and continued Cancer Research is urgently required.

It is observed that Infectious Diseases have continued to play a negligible part as a cause of mortality, and this decline in the present century has served to incease the number of potential victims to Cardio-vascular degenerations and malignancy.

The birth-rate in the district has shown an appreciable rise in 1953 as compared with the previous year. But the incease in the infant mortality rate is regretable, and although the still-birth rate has fallen the actual number of still-births remained stationary. Of

the 5 infant deaths, four occurred in the first four weeks of life. In view of the infant mortality rate it behoves all concerned with midwifery and especially the mother herself to do all in their power to reverse the present trend.

For many years, the estimated population of Pontypool Rural District (5,721 in 1953) has remained relatively static but there has been a gradual change in its age pattern. Whereas at the beginning of the century, the population was weighted by its young members, today the ranks of the elderly have appreciably swollen. This has been due on the one hand to an overall decline on the birth-rate and on the other to advances made in medicine and the improvements brought about in both physical and social environment. Thus the care of the aged, with its associated problems, demands increasing public attention. Most of the old folk prefer to live in their own homes and with a little help many of them are able to do so. In these days, with fewer children able and willing to aid their aged relatives, admirable help has been provided by the Home Help and District Nursing Services. Some old people, on the other hand, are suffering from chronic illnesses which can only be adequately treated in hospital, and the difficulties encountered in obtaining hospital admission for such cases emphasises the need for additional ' geriatric' beds. None wish to die young and fortune is fickle, therefore it is in our own interest to see that adequate provision is made for the elderly.

The sanitary conditions in the more populated villages are satisfactory. But many of our rural cottages are still without an adequate supply of pure wholesome water and are still equipped with antiquated means of sewage disposal. It is hoped that it will be found possible to undertake remedial measures in the not too far distant furture.

Maternity and Child Welfare.

The Infant Welfare Clinic at Usk is held on the Thursday of each week, and the one at Croesyceiliog is held fortnightly. Mothers and children under five years of age may attend these centres. There is also a Maternity and Child Welfare Mobile Clinic which visits the more inaccessible rural areas. There is a Doctor and Health Visitor in attendance at each of these clinics.

The Ante-Natal Clinic is held fortnightly in the Usk centre. I wish to stress here the importance of early and regular attendance of expectant mothers at the ante-natal clinic, so that any departure from the normal may be detected as soon as possible, and the necessary steps taken in respect of adequate care of the mothers. Unfortunately, too often many expectant mothers delay attending until late in pregnancy. It is now the practice in the ante-natal clinic to make a routine blood examination of all patients for the purpose of detecting venereal diseases, and for determining the pregnant mother's blood group. The educational side of ante-natal work is also of great importance and includes advice about general health, rest, diet, sleep and comfort.

In 1953 a monthly average of 144 babies attended the Infant Welfare Clinics. Welfare Food is obtained at the Centres with the exception of National Dried Milk, Cod Liver Oil and Orange Juice which is available at the Food Office.

The principal cause of Infant Deaths has been Prematurity. Adverse physical conditions and lack of care, which the older child can withstand often proves fatal during the earlier months of life. The Infant Welfare Clinic has an important role in the care of the infant and young child. Babies are weighed weekly and are seen

regularly by the Doctor. Health Education is stressed and informal talks are given to mothers in the principles of hygiene and healthy living. The prevailing Infant Mortality Rate calls for renewed efforts on the part of all concerned with the care of infants.

Towards the end of 1951, the routine skin testing of children under 5 years with tuberculin was introduced at the Infant Welfare Clinics. The Ma ntoux and Jelly Tests are employed. Any positive reactors are referred to the Chest Physician, and all efforts are then concentrated in determining the source of infection. This aspect of Infant Welfare Work forms a part of the Anti-Tuberculosis scheme in operation throughout the County of Monmouthshire

Vaccination against Small Pox and Immunisation against Diphtheria are also undertaken at the Clinics. The main object of immunisation schemes is to secure that each generation of infants receives protection at an early age. It is now recommended tha t an infant should be immunised against diphtheria at or about the age of 8 months. The fall in the incidence of diphtheria in recent years is beyond reasonable doubt a remarkable proventive triumph mainly attributable to immunisation. Vaccination against Small Pox is advised when the child has attained the age of 3 months. Since compulsory vaccination has been abolished, Pontypool Rural District, like the rest of the County, has followed the trend of a decrease, this is regrettable. Small Pox continues to occur sporadically in various parts of the Country and we are never free from the possiblity of an outbreak of this disease. Healthy living conditions, good sanitation and general public health services are no substitute for vaccination in connection with prevention and control of Small Pox.

Since the National Health Service Act, 1946, came into operation Vaccination against Small Pox and Immunisation against Diphtheria have been carried out free of charge both at the surgeries and at the Maternity and Child Welfare Centres. Great encouragement is given to mothers to have their children vaccinated and immunised.

Vaccination against Small Pox.

Age Groups.	Nos. Vaccinated in 1952	Nos Vaccinated in 1953
Under 1 year	23	17
1 - 4 Years	-	2
5 - 14 years	5	1
15 and over	16	18
	44	38

Immunisation against Diphtheria.

Age Groups.	Nos Immunised 1952	Nos Immunised 1953
0 - 4 years	51	40
5 - 9 years	1	14
10 - 14 years	1	-
	53	54

Domiciliary Midwifery and Nursing Services.

Under the re-allocation of the District Midwifery and Nursing Services, two district midwives/ nurses are resident in

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the Rural District and one district nurse.

Health Visiting.

Two health visitors are employed for routine domiciliary visits, Tuberculosis visiting, School inspections (Cleanliness of body and clothes) and for attending the maternity and Child Welfare Clinics.

Domestic Help Service.

The County Council provides a Domestic Help Service for those cases where there is illness and where there is no able-bodied relative to give necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of Chronic Sick, who otherwise would have had to be admitted to hospital, thereby helping to relieve the pressure upon hospital accommodation.

The service is under the direction of the Area Committee Clerk (Mr.D.A.Lewis). Applicants for the service are assessed to repay the cost of the service in relation to their income; persons considered to be in financial difficulties receive the Service Free of charge.

The hours allocated to each case are recommended after personal investigation by the District Nurse, Midwife or Health Visitor, and are submitted to me for approval. Cases where recommendation exceeds 30 hours per week have to be submitted by the Area Committee Clerk to the County Health Committee for investigation, except maternity cases.

There are approximately 52 Domestic Helps in the area (i.e. Pontypool Rural District, Usk Urban District, Abergavenny Rural District and Abergavenny Borough). All are engaged on a Temporary Part-time basis. The number of cases in the area was 121 the average weekly number of hours worked was 755.

Ambulance Service.

Pontypool Rural District is served by an ambulance based at Usk and ambulances are also available from Pontypool Depot under the central control of the County Ambulance Officer at Caerleon. This system seems to work reasonably well. Central Control by the County Council aims at making the most economic use of ambulances and mutual assistance between Local Health Authorities avoids, as far as possible, ambulances running empty.

Health Education.

The close of the 19th century saw the Public Health environmental services established on a reasonably satisfactory basis. During the last 50 years, these have been improved and the personal health service developed. At first, the importance of Health Education was not fully appreciated but it is now realised that disease cannot be prevented or health promoted by social action alone, there must be full cooperation from an enlightened public. Today it is second nature for the appropriately trained staff of a Health Department whether they be Health Visitors, Home Nurses, Sanitary Inspectors or Doctors to spread the gospel of good hygiene and healthy living. Informal talks are constantly given in the home, the place of work, and in the clinic.

Mental Health Service.

A County Psychiatrist was appointed in 1948 for the purpose

of a Mental Health Service. This service, in the No.10 Area, now operates from Leven House, Abergavenny. The service is co-ordinated with the Regional Hospital Board and Hospital Management Committees.

No adult guidance Clinics are held in the area but individual cases, patients suffering from early nervous strain, and who are finding difficulty in adjusting themselves in their homes or at their work, are seen by Dr. J. Newcombe, the County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

Medical Appliances.

The Location of the Medical Appliances Depot for the Rural District is :-

Mrs Dummett, Claremont, Croesyceiliog.

Welfare Services.

The Welfare Officer of the No.10 Area caters for the needs of the Rural District as regards Welfare Services, which come within the provisions of the National Assistance Act (1948-51)

VITAL STATISTICS.

Area in Acres	34,147
Population (Estimated)	5,721
Inhabited Houses. (according to rate book)	1,743
Rateable Value	£26,246
1d. Rate.	£104. 4. 3d

1953	Totals.	M.	F.	Rate per 1,000 Estimated Resident Population	Rural District.	County	England & Wales
Live Births							
Legitimate	103	53	50		18.35	16,79	15.5
Illegitimate	2	1	1				
	105	54	51				
Still-Births				Rate Per 1,000 Total (live & Still-Births)			
Legitimate	1	0	1		18.7		22.4
Illegitimate	1	1	0				
	2	1	1	Rate Per 1,000 Population	0.35	0.47	
Deaths All Causes	56	33	23	Death Rate per 1,000 estimated resident Pop.	9.78	11.58	11.4
Deaths From Cancer	14	8	6				
Deaths due to Cancer of Lung.	3	2	1				

Deaths due to pregnancy, Childbirth & Abortion.....Nil.

Maternal Mortality Rate (Rate per 1,000 births) Rural District...Nil County 1.09

Infant Mortality

Infant Deaths from Measles	Nil
" " " Whooping Cough	Nil
" " " All causes	5 (2M 3f)

Deaths of children under 1 year of age in Age Groups.

Age Group	Number of Deaths
Under 1 week	4
1 - 4 weeks	0
1 - 12 months	1
Total	5.

	Rural D.	County
Infant Mortality Rate (Rate per 1,000 Live Births	47.6	32.63
" " " (Legitimate)	48.5	
" " " (Illegitimate)	Nil	

Infectious Diseases.

	Number of cases notified.
Scarlet Fever	3
Whooping Cough	21
Measles	75
Cerebro-Spinal Meningitis	0
Poliomyelitis	0
Erysipelas	0
Diphtheria	0
Dysentery	0
Pneumonia	0
Post-infective Encephalitis	0
Puerperal Pyrexia	0

Tuberculosis.

Notified	Pulmonary	M 3.	F 4	Non-pulmonary	M. 0	F. 1
Deaths	"	M 1	F 0	"	M 0	F 0

Infectious Diseases (other than Tuberculosis) notified during 1953 and classified according to age and sex groups.

Disease	Sex	Age Years 0-4	5-9	10-19	20-29	30-39	40-49	50+	Totals
Measles	m	14	18	3	-	-	1	-	36
	F	15	17	4	2	-	-	-	39
Whooping Cough	M	7	7	-	-	-	-	-	14
	F	3	3	-	-	1	-	-	7
Scarlet Fever	M	1	-	-	-	-	-	-	1
	F	-	2	-	-	-	-	-	2

TUBERCULOSIS.

Age Group	Pulmonary Male	Pulmonary Female	Non-Pulmonary Male	Non-Pulmonary Female	Total
0 - 4 years	-	-	-	1	1
5 - 9 "	-	-	-	-	-
10-14 "	-	-	-	-	-
15-19 "	-	1	-	-	1
20-29 "	1	-	-	-	1
30-39 "	-	1	-	-	1
40-49 "	2	-	-	-	2
50-59 "	-	1	-	-	1
60 & over	-	1	-	-	1
Totals	3	4	-	1	8

Infectious Diseases.

During 1953, the Pontypool Rural District was again remarkably free from any severe outbreaks of Infectious Diseases.

Measles and Whooping Cough.

The incidence of measles has ebbed and flowed at intervals of 2 years, 1953 being an epidemic year with 75 notifications and maximum age incidence under 9 years. As Measles and its complications attack the younger child more severely, it is wise to take all preventive measures to delay the age of infection, similarly with Whooping Cough infection. It is satisfactory that the latter, which is still a dreaded disease of infancy, did not rear its head to any marked degree.

Advances in therapeutic agents with improved nursing care in recent years have helped to lower the fatality from these diseases. Less overcrowding in the houses through reduction in family size, and in some cases improved housing may also have contributed to the decline in mortality.

Scarlet Fever.

There were only three notifications of Scarlet Fever in 1953. All cases continued to be mild in character and carried no fatality. It is probable that the improvement in this disease has been due not only to the mild type of the attacking haemolytic streptococcus but also to the introduction in recent years of sulphonamides and other antibiotics in the treatment of Scarlet Fever.

Diphtheria.

The incidence of Diphtheria in England and Wales has steadily declined since the national campaign was extensively undertaken in 1942. There were no notifications of this disease in Pontypool Rural District in 1953,but there is still danger - especially if immunisation is neglected. Children still die of it and even if a child does not die the illness may be long and painful. The object of immunisation is to afford each child the maximum degree of protection, and unless an adequate level of immunisation is maintained there maybe a return of diphtheria outbreaks. Parents should see that their children have this protection and should avail themselves of the facilities provided.

Infantile Paralysis.

Infantile Paralysis was again conspicuous by its absence from the Pontypool Rural District.

Food Poisoning.

We have been fortunate that there have been no large outbreak of Food Poisoning in the District of recent years, and there were no notifications of this disease in 1953. Food Poisoning would largely be eliminated if good kitchen hygiene was observed by all food handlers, and only freshly cooked food served at all times.

Tuberculosis.

Mortality from Tuberculosis has steadily declined during the present century and in 1953, only one death from this disease

was registered in Pontypool Rural District, Incidence of this disease, on the other hand, (as measured by notifications) appears to remain steady - 8 notifications being received in 1953. On receipt of these notifications both cases and family contacts were personally interviewed; the latter have since been X-rayed either at a Chest Clinic or by a Mass Radiography Unit, and X-ray reports in all instances have been negative.

The Mass Radiography Unit last visited Pontypool Rural District in June 1952, it is regretted that its visits are not made oftener. It is hoped that the unit will again arrange to visit the area in the near future.

It is gratifying to note that there appears to have been a marked decrease in the waiting period for admission of tuberculosis cases to hospital.

The decline both in morbidity and mortality from Tuberculosis in recent years is largely attributable to the admirable work of the medical profession and the new methods of treatment of the disease. An appreciable part has also been played by the improvement in housing, the rise in the standard of living and in the better education of the population both generally and in the prevention of the disease.

I have the honour to be

Your obedient servant,

S.M.R.HARVEY. M.B. B.Ch. D.P.H.

Medical Officer of Health.

PONTYPOOL RURAL DISTRICT COUNCIL.

Sessions House,
USK.....Mon.

August 1954.

To: The Chairman and Members of the
Pontypool Rural District Council.

Mr. Chairman, Madam, Gentlemen,

I beg to submit the Annual Report of the Sanitary Inspector for the year 1953:-

SANITARY INSPECTION OF THE AREA.

Houses	157
Re-inspections	98
Nuisances	76
Water Supplies	151
Food Inspections	37
Disinfections..	6
Disinfestations (Rodent Control)	496
Factories & Workplaces	87
Miscellaneous	253
	1361

HOUSING.

1. Inspection of Dwelling Houses during the year:-

(i) (a)	Total number of dwelling houses inspected for housing defects (under the Public Health Housing Acts)	157
(b)	Number of inspections made for the purpose.. ..	157
(ii)(a)	Number of dwelling houses (included under sub-head (1) above which were inspected and recorded under the Housing Consolidated Regulations, 1925..	39
(b)	Number of inspections made for the purpose.. ..	39
(iii)	Number of dwellings found to be in a state so dangerous or injurious to health as to be unfit for human habitation	2
(iv)	Number of dwellings (exclusive of those referred to under the preceeding sub-head) found not to be in all respects reasonably fit for habitation.	79

2. Remedy of defects during the year without service of formal notices:-

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	76

3. Action under Statutory Powers during the year:-

(A)	Proceedings under Sections 9, 10 & 16 of the Housing Act, 1936	3
(B)	Proceedings under the Public Health Acts:-	
(i)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	11
(ii)	Number of dwelling houses in which defects were remedied after service of Formal Notices:-	
(a)	By Owners	11
(b)	By Local Authority in default of Owners	nil.
(C)	Proceedings under Sections 11 & 13 of the Housing Act, 1936:-	
(i)	Number of dwelling houses demolished in pursuance of Demolition Orders..	4
(ii)	Number of dwelling houses in respect of which Demolition Orders were made	nil.

OVERCROWDING.

The position in respect of overcrowding has been greatly improved during the year and is largely due to the provision of houses in the Cwmbran New Town area.

Many young married couples still have to make their homes with parents but the influx of workers to factories in the surrounding areas as been largely reduced by the fact that houses are being made available to them by the Cwmbran Development Corporation.

The Council are doing their utmost to relieve overcrowding by re-housing the families in new houses now being completed within the area.

POST WAR HOUSING.

Shortage of sites and difficulties regarding the servicing of sites has retarded the rate of building but the Council are proceeding with the acquisition of sites and the provision of the necessary services. One large site is being acquired by means of a Compulsory Purchase Order.

Only six Council houses were completed during the year. The Cwmbran Development Corporation completed some fifteen houses and twelve private development houses were also completed.

Approximately two hundred houses were in course of erection by the Cwmbran Development Corporation at the end of the year.

CARAVANS.

Some eight caravans were stationed in the district during the year. Water supply and sanitation to the caravans was satisfactory and no nuisance has arisen. Three of the caravans were inhabited for short week-end periods only during the summer months.

HOUSING REPAIRS.

The position relating to housing repairs has been vastly improve d

and apart from the question of rising costs little difficulty is being experienced.

SCHOOLS.

All schools are visited periodically and sanitation and water supply at most are satisfactory.

A piped supply of water from the new public mains has been made available to the Glascoed School during the year.

WATER SUPPLY.

Some thirty six samples of water were taken from the public mains during the year. All samples were of the standards required.

Forty-eight premises were connected to the public mains during the year. The total dwelling houses connected to the public mains at the end of the year being 855 together with approximately 60 farms on metered supplies. The position at the end of the year being:-

Llanfrechfa Lower supplied by R.D.C.	477
Goetre Fawr	148
Gwehelog Fawr	21
Llanhennoc Fawr	11
Llanbadoc Fawr (Glascoed)	24
Goetre Fawr and Llanbadoc Fawr supplied by the Pontypool Gas & Water Compnay..	174
	855

A further 22 houses in the Parish of Llanfrechfa Lower are supplied by standpipe.

The Llanover Estate supply some 33 houses in the Parish of Goetre Fawr. This supply being for houses on the Estate only.

Work upon the Gwehelog Water supply Scheme was commenced during the year and should be completed towards the Autumn of 1954. This scheme will provide for some 36 houses in the Pontypool Rural District and some 66 houses and farms in the Monmouth Rural District.

The Council are promoting a scheme for the supply of water to parts of the Parishes of Llanbadoc Fawr, Llangybi Fawr and Llanhennoc Fawr (Tredunnoc and Newbridge) and it is anticipated that work upon this scheme will be commenced and completed during 1955.

Further investigations are being made into the possibilities of supplying still more sparsely populated and remote parts of the district but the fruition of any such schemes will depend upon costs and availability of local sources of supply.

SEWERAGE AND SEWAGE DISPOSAL.

The Parish of Llanfrechfa Lower is provided with a sewerage system for the ward of Croesyceiliog and sewerage has also been provided in the ward of Ponthir. The system at Ponthir is now awaiting connection to the newly completed Eastern Valley Sewerage Board's works at Ponthir.

The existing sewerage system at Croesyceiliog receives the sewage from approximately 370 houses and connection of this system with the Eastern Valley Sewerage Board's sewer is anticipated in the near future.

The designated area of the Cwmbran Development Corporation embraces the ward of Croesyceiliog and a portion of Llanfrecfa and the development of new sewerage systems for the designated area is being carried out by the Development Corporation (The Corporation having

taken the powers of a Sewerage Authority for this purpose).

The system at Ponthir provides for some 90 existing houses but has capacity for dealing with 150 houses.

The sewerage scheme for the villages of Little Mill and Monkswood now deals with the drainage of some 65 houses along the route.

All preliminary work in connection with the preparation of a Sewerage and Sewage Disposal scheme for the villages of Penpelleni and Mantyderry in the Parish of Goetre Fawr has been completed. This scheme is to provide for the drainage from some 75 - 80 existing houses and also from houses to be erected upon the housing site at Penpelleni. This site having been recently acquired by the Council and being capable of containing some 124 houses.

REFUSE COLLECTION.

Refuse is now being collected along practically all roads in the District.

Collections are made weekly from approximatley 520 houses in the Parish of Llanfrechfa Lower; fortnightly from some 300 houses in the Parishes of Llanbadoc and Goetre; monthly from some 350 houses along the remaining routes throughout the remaining scattered Parishes of the Council's area.

Refuse tips are situate at Croesyceiliog for the western part of the district and at Usk and Mantyderry for the eastern part of the area. The tips are kept free from infestation and are kept levelled and where and when possible overdressed with soil.

The refuse tip at Croesyceiliog is now almost full to capacity and new tipping space is being sought.

NUISANCES.

All nuisances found and reported were dealt with by both formal and informal action.

MILK DISTIBUTORS AND DAIRIES.

Particulars of Dairies and Milk Distributors on the Register at 31st December 1953:-

Dairies.. .. .. .. 1.

Milk Distributors . .. 11.

The dairy vehicles of the distributors were inspected frequently and the samples of milk taken during the year were of the standards required.

Eight of the distributors are licenced to sell both sterilised and pasteurised milk and two to sell T.T.milk.

INFESTATION ORDER.

The necessary treatments of the sewers were carried out and regular treatments of the Council refuse tips performed.

Inspections of farms and other premises were made and such infestations as occurred were in the main of a minor character and were promptly dealt with.

FOODSHOPS ETC.

The very small number of foodshops in the Rural District were visited regularly and all were found to be well regulated.

FACTORIES ACTS.

1. Inspections for purposes of provisions as to health (including inspections made by the Sanitary Inspector).

Premises. (1)	Number Register.	Number of		
		Inspections	Written Notices	Occupiers Prosecuted.
(i) Factories in which Sections 1,2,3,4,6, are to be enforced by Local Authority	6	11	Nil	Nil
(ii) Factories not included in above in which Section 7 is enforced by L.A.	14	27	Nil	Nil
(iii) Other premises in which Section 7 is enforced by L.A.	21	49	1	Nil
Total	41	87	1	Nil

2. Cases in which defects were found.

Particulars.	Number of defects.				
	Found	Remedied	Referred to H.M.I.	Referred by H.M.I.	Prosecutions.
Want of Cleanliness (S.1)....	4	4	-	-	-
Overcrowding (S.2.).....	-	-	-	-	-
Unreasonable Temperature.....	-	-	-	-	-
Inadequate ventilation.....	-	-	-	-	-
Inefective drainage of floors	-	-	-	-	-
Sanitary Conveniences(S.7.)					
(a) Insufficient.....	2	2	-	-	-
(b) Unsuitable or defective.....	-	-	-	-	-
(c) Not separate for sexes..	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork).....	-	-	-	-	-
Total	6	6	-	-	-

I am, Madam and Gentlemen,
Your obedient Servant,

Cyril Morgan.

Sanitary Inspector.